Please return to:
ACS-Inc
ATTN: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402

Montana ACS EDI Submitter Enrollment Form Instructions

Please use the following instructions when completing the Montana ACS EDI Submitter Enrollment Form.

Section 1. Classification.
Please indicate whether you are a software vendor, billing agent or clearinghouse. **These fields are required.**

Section 2. Submission Method.
Please indicate how you will be submitting your electronic transactions. **These fields are required.**

Section 3. Submitter Information.
Please complete the appropriate submitter information. **These fields are required.**
Please enter your Federal Tax ID Number. **This field is required**
Your email address is optional and will be kept confidential.

Section 4. Submitter/Trading Partner ID Number.
If you are currently submitting electronic transactions to Montana FAS, please indicate your 7-digit submitter ID. This is your Montana DPHHS Submitter ID assigned by FAS.

Section 4a. Submitter/Trading Partner ID.
If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Software Vendors Only.
If you are a software vendor, please complete this section. **These fields are required.**

Section 6. Contact Information.
Please indicate specific contact person and additional contact information, if different from the submitter information in Section 3 above.

Section 7. Transactions Available for Transmission.
If you will be using the WINASAP2003 product, please complete section 7a. If you will be submitting electronic transactions other than WINASAP2003 submissions, please complete section 7b.
Nursing Facility Submitters: Choose Transaction 837I (Institutional)

Section 7a. WINASAP2003 (Replacing ACE$).
Request for software.
Please indicate how you would like to receive the software and which transactions you will be submitting.

Please return to:
ACS-Inc
ATTN: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402

Section 7b. Standard Transactions (Submissions other than WINASAP2003).

If you will be submitting transactions other than WINASAP2003 transactions, please complete this section. **Submitters submitting through a Software Vendor must complete this section.**

Section 8. Delimiter Information.

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Response Retrieval.

Montana Submitters will be able to retrieve responses via the Host Data Exchange (HDE). If you would like to participate in this service, please indicate which responses you would like to retrieve via HDE.

If you are a Billing Agent or Clearinghouse and will be retrieving responses on behalf of your clients, please indicate the appropriate X12 responses.

If you are a Software Vendor and plan to format your software for retrieval of X12 responses please indicate the appropriate X12 responses.

Please Note:

Requirements for Montana Vendor, Billing Agent, or Clearinghouse:

Due to HIPAA Privacy Regulations, ACS will not be able to accept lists of providers from Vendor, Billing Agent, or Clearinghouse.

Your providers will be required to supply the Trading Partner ID of their Vendor, Billing Agent, or Clearinghouse on their enrollment forms. Please be prepared to supply this information to your providers upon request.

Note to Billing Agents and Clearinghouse

Your providers are required to re-enroll and must indicate that you are submitting on their behalf. We have supplied the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc Authorization Form* in this packet for distribution to your client community. This form is completed by the provider and must be signed and dated by the provider or their representative. The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc Authorization Form* authorizes a billing agent/clearinghouse to submit and/or retrieve transactions on behalf of the provider.

Please return to:
ACS-Inc
ATTN: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402

Scenarios are listed below to ensure that the proper documentation is completed by the appropriate party.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, the Montana *ACS EDI Provider Enrollment Form and Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form must be* completed by the provider.

If a provider allows a billing agents/clearinghouses to submit and retrieve on their behalf, the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc Authorization Form* is to be completed by the provider.

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* follows the *Montana ACS EDI Submitter Enrollment Form* in the attached document.

Instructions for completing the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form*

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* must be completed in its entirety and must include the signature of the provider or the provider's representative.

Section A. Provider Information
Please complete the demographic information. This is required.
Please enter your Federal Tax ID Number. **This field is required**
The email address of the provider is optional and will be kept confidential.

Section B. Authorization Signature (required)
The provider must complete the appropriate information. If the provider also authorizes a billing agent/clearinghouse to retrieve electronic responses on their behalf, the provider must check the responses that apply.

The provider or the provider's representative must print their name, sign their name, and date the form.